

PRINT

SAVE FILE

CDFG/OSPR REQUEST FOR DRILL/EXERCISE CREDIT – FG OSPR 1967
PLEASE SEND REQUEST VIA FAX TO (916) 324-9786 OR EMAIL TO OSPRDRILLS@OSPR.DFG.CA.GOV

Name of Facility or Vessel Plan:

Plan Number(s):

OSPR Representative(s):

Date of Drill:

Location of Drill:

Address:

Coordinate: Latitude
(If Available)

Longitude

Name of Submitter:

Address:

Phone:

E-mail:

Type of Drill

Table Top:

Semi-Annual Equipment Deployment:

Actual Spill:

Announced:

Unannounced:

Other:

Check the objectives exercised during this exercise or spill.

1. *	Notifications		5.	Assessment		12.2	Berthing	
2. *	Staff Mobilization		6. *	Containment		12.3	Messing	
3.1	Unified Command		7. *	Recovery		12.4	Operational/Admin spaces	
3.1.1	Federal Representation		7.1	On-water Recovery		12.5	Emergency Procedures	
3.1.2	State Representation		7.2	Shore-Based Recovery		13. *	Equipment Maintenance & Support	
3.1.3	Local Representation		8. *	Protection		13.1 *	Response Equipment	
3.1.4 *	Responsible Party Representation		8.1 *	Protective Booming		13.2	Response Equipment (Support)	
3.2	Response Management System		8.2	Water Intake Protection		14.	Procurement	
3.2.1 *	Operations		8.3	Wildlife Recovery and Rehabilitation		14.1 *	Personnel	
3.2.2	Planning		8.4	Population Protection		14.2 *	Response Equipment	
3.2.3	Logistics		9.	Disposal		14.3	Support Equipment	
3.2.4	Finance		10.	Communications		15. *	Documentation	
3.2.5	Public Affairs		10.1 *	Internal Communications		CA1	Situation Unit	
3.2.6 *	Safety Affairs		10.2	External Communications		CA2	Resource Unit	
3.2.7	Legal Affairs		11. *	Transportation		CA3	Environmental Unit	
4.	Source Control		11.1	Land Transportation		CA4	Resources at Risk Tech Spec	
4.1 **	Vessel Emergency Services		11.2 *	Waterborne Transportation		CA5	Liaison Officer	
4.2 **	Firefighting		11.3	Airborne Transportation		CA6	Dispersants	
4.3 **	Lightering		12.	Personnel Support		CA7	In-situ Burning	
4.4 **	Other Vessel Emergency Services Equipment and Devices		12.1	Management		CA8	Bioremediation	
						CA9	Waste Management	

Authorized Representatives Name:

Date: